IOWA MEDICAID

IOWA PLAN FOR BEHAVIORAL HEALTH

Proposal for a Section 1915(b) Capitated Waiver Program
Waiver Renewal Submittal

May 2003

Section B. ACCESS AND CAPACITY

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A Section 1915(b) waiver program serves to improve an enrollee's access to quality medical services. A waiver must assure that services provided are of adequate amount, are provided within reasonable time frames, and are furnished within a reasonable distance from the residences of the enrollees in the program. Furthermore, the proposed waiver program must not substantially impair access to services and access to emergency and family planning services must not be restricted.

I. Timely Access Standards

Upcoming Waiver Period -- Please describe the State's availability standards for the upcoming waiver period.

a. **Availability Standards**: The State has established maximum distance and/or travel time requirements, given clients' normal means of transportation, for MCO/PIHP/PAHP enrollees' access to the following. Check any that apply (1-9). For each item checked, please describe the standard and answer monitoring questions in B.II.

1.___ PCPs (please describe your standard):

2.___ Specialists (please describe your standard):

3.___ Ancillary providers (please describe your standard):

4.___ Pharmacies (please describe your standard):

5.___ Hospitals (please describe your standard):

6._**X**_ Mental Health (please describe your standard):

RESPONSE:

- **Distance and/or travel time standards:**
  1. **Urban – inpatient 30 minutes, outpatient 45 minutes**
  2. **Rural – inpatient 45 miles, outpatient 34 miles**

7._ **X**_ Substance Abuse Treatment Providers (please describe your standard):

RESPONSE:

Distance and/or travel time standard: Within the community norm for urban and rural populations.

- **The community norm for Medicaid beneficiaries is based on hospital based substance abuse treatment units. Prior to the waiver, 23 hospital providers in Iowa provided Medicaid substance abuse treatment services on either an inpatient or outpatient basis.**
- **Current level of access: 90 of Iowa's 99 counties have at least one provider under the waiver. Hospital based providers are present in 36 counties. (Note: 14 of the 36 counties have only hospital based detoxification services.) In addition to expanding into new counties, the waiver has expanded the number of providers within counties. See attachment to Section b.i.a.7 for breakout of providers per county.**

8.___ Dental (please describe your standard):

9.___ Other providers (please describe your standard):

b. Appointment Scheduling (Appointment scheduling means the time before an enrollee can acquire an appointment with his or her provider for

both urgent and routine visits.) The State has established standards for appointment scheduling for MCO/PIHP/PAHP enrollee's access to the following. Check any that apply (1-9). For each item checked, please describe the standard and answer monitoring questions in B.II.

1.___ PCPs (please describe your standard):

2.___ Specialists (please describe your standard):

3.___ Ancillary providers (please describe your standard):

4.___ Pharmacies (please describe your standard):

5.___ Hospitals (please describe your standard):

6. **X** Mental Health (please describe your standard):

RESPONSE:

Acuity of Need: enrollees with emergency needs must be seen within 15 minutes of presentation at a service delivery site; persons with urgent non-emergency needs must be seen within 1 hour of presentation at a service delivery site or within 24 hours of telephone contact with provider or contractor; those with persistent symptoms within 48 hours of reporting symptoms; and those with need for routine services within three weeks of the request for appointment.

7. **X** Substance Abuse Treatment Providers (please describe your standard):

RESPONSE:

Acuity of Need: Eligible persons with emergency needs must be seen within 15 minutes of presentation with provider. Eligible persons with urgent non-emergency needs must be seen within 1 hour of presentation at a service delivery site or within 24 hours of telephone contact with provider or contractor; those with persistent symptoms within 48 hours of reporting symptoms; and those with need for routine services within three weeks of the request for appointment.

8.___ Dental (please describe your standard):

9.___ Urgent care (please describe your standard):

10.___Other providers (please describe your standard):

c. In-Office Waiting Times: The State has established standards for in-office waiting times for MCO/PIHP/PAHP enrollee's access to the following. Check any that apply (1-9). For each item checked, please describe the standard and answer monitoring questions in B.II.

1.___ PCPs (please describe your standard):

2.___ Specialists (please describe your standard):

3.___ Ancillary providers (please describe your standard):

4.___ Pharmacies (please describe your standard):

5.___ Hospitals (please describe your standard):

6._**X**_ Mental Health (please describe your standard):

RESPONSE:

States standards are:

- **Emergency – 15 minutes**
- **Urgent – 1 hour within presentation or 24 hours after call to provider**
- **Persistent symptoms – 48 hours of reporting symptoms**
- **Routine – 3 weeks**

7._ **X** Substance Abuse Treatment Providers (please describe your standard):

RESPONSE:

States standards are:

- **Emergency – 15 minutes**
- **Urgent – 1 hour within presentation or 24 hours after call to provider**
- **Persistent symptoms – 48 hours of reporting symptoms**
- **Routine – 3 weeks**

8.___ Dental (please describe your standard):

9.__ Other providers (please describe your standard):

II. Access and Availability Monitoring: Enrollee access to care will be monitored by the State, as part of each MCO/PIHP/PAHP's Quality Assessment and Performance Improvement program, annual external quality review (EQR), and (if applicable) Independent Assessments (IA).

Previous Waiver Period

a. _X_ [Required for all elements checked in the previous waiver submittal] Please include the results from monitoring MCO/PIHP/PAHP access and availability in the previous two year period. [item B.II in the 1999 initial preprint; items B.4, 5, and 6 in the 1995 preprint; item B.II Upcoming Waiver Period, 9/23/99 Waiver Renewal Preprint].

RESPONSE:

Monthly Monitoring Results:

- **Distance/Time Requirements: (B.I. of prior waiver)**
  - The PIHP is in compliance with standards (See PI-M #15, June 2002, Final Report)
- **State monitors geographic access services (B.I. of prior waiver)**
  - 84.5% of enrollees children access mental health services in their county of residence or adjacent county. (See PI-M #11, June 2002, Final Report)
- **Review of denials (B.II. of prior waiver)**
  - **Number of authorizations and denials of authorization:**
    Report IAAU02 -- the PIHP authorizes 91% to 94% of requests at the level of care requested.
  - **Number of redirections to other level of care:**
    Report IAAU03 -- The PIHP offered an alternate level of care in every situation that the requested level of care was not authorized.
  - **Tracking of denial of services:**
    PI-M #8, PI-M #9 -- The PIHP offered 100% of enrollees an alternate service when the requested level of care was not authorized. This exceeds the target level of 98%.
- **Review of ER visits (B.II. of prior waiver)**
  - **Number of ER visits:**
    PI-I #6 -- ER visits averaged 10.44 per 1,000 enrollees in SFY 2002
  - **ER visits with prior service with 30 days:**
    PI-M #27 -- 41% to 48% of enrollees had a service within 30 days prior to ER visit in SFY 2002.

- **Monitor distance/travel times standards: (B.II. of prior waiver)**
  - **Monitor distance/travel times standards:**

PI-M #15 -- The PIHP met standards.

Quarterly Monitoring Results:

- **State monitors geographic access through quarterly list of provider network**

  - Enrollees had access to more providers under the Iowa Plan during waiver years 3-4 than were available prior to the waiver.
  See attachment to Section B: Network Summary Reports.
- **State monitors access and availability through quarterly quality improvement reports, section I, "Geographic Access Standards" and "Timeliness Access Standards"**
  - The PIHP met the standards for waiver years 3-4. Those standards are carried forwarded into waiver years 5-6 as stated in B.I.a and B.I.b of this document. (Page 12-13 of QI Report, Oct-Dec/2002)
  See attachment to Section B
- **Quarterly summaries of penetration rates report when penetration rates fall below 2% for any county. (Page 11 of QI Report, Oct-Dec/2002)**
  - No counties fell below the 2% threshold
  See attachment to Section B

Upcoming Waiver Period -- Check below any of the following (a-o) that the State will also utilize to monitor access:

a.___ Measurement of access to services during and after a MCO/PIHP/PAHP's regular office hours to assure 24 hour accessibility, 7 days a week (e.g., PCPs' 24-hour accessibility will be monitored through random calls to PCPs during regular and after office hours)

b.___ Determination of enrollee knowledge on the use of managed care programs

c.___ Ensure that services are provided in a culturally competent manner to all enrollees, and the MCO/PIHP/PAHP participates in any State efforts to promote the delivery of services in a culturally competent manner.

d.___ Review of access to emergency or family planning services without prior authorization

e. _X_ Review of denials of referral requests

RESPONSE:

- **Number of authorizations and denials of authorization: Report IAAU02**
- **Number of redirections to other level of care: Report IAAU03**
- **Tracking of denial of services: PI-M #8, PI-M #9**

f._ X_ Review of the number and/or frequency of visits to emergency rooms, non-authorized visits to specialists, etc., for medical care.

RESPONSE:

- **Number of ER visits: PI-I #6**
- **ER visits with prior service with 30 days: PI-M #25**

g.___ Periodic enrollee experience surveys (which includes questions concerning the enrollees' access to all services covered under the waiver) will be mailed to a sample of enrollees. Corrective actions taken on deficiencies found are also planned.

h.___ Measurement of enrollee requests for disenrollment from a MCO/PIHP/PAHP due to access issues

i. _X_ Tracking of complaints/grievances concerning access issues

RESPONSE:

- **QI Reports, Section III**

j.___ Geographic Mapping detailing the provider network against beneficiary locations will be used to evaluation network adequacy. (Please explain)

k.___ Monitoring access to prescriptions on the State Plan Formulary, Durable Medical Equipment, and therapies.

l. During monitoring, the State will look for the following indications of access problems.

1.__ Long waiting periods to obtain services from a PCP.
2.__ Denial of referral requests when enrollees believe referrals to specialists are medically necessary.
3.__ Enrollee confusion about how to obtain services not covered under

the waiver.

4.__ Lack of access to services after PCP's regular office hours.

5.___ Inappropriate visits to emergency rooms, non-authorized visits to specialists, etc., for medical care.

6.__ Lack of access to emergency or family planning services.

7.__ Frequent recipient requests to change a specific PCP.

8.__ Other indications (please describe):

m.__ Monitoring the provision and payment for transportation for beneficiaries to get to their outpatient, medically necessary mental health services.

n.___ Monitoring the provider network showing that there will be providers within the distance/travel times standards.

RESPONSE::

- **Monitor distance/travel times standards: PI-M #14**
- **QI Report, Section I**

o.__ The incentives, sanctions, and enforcement related to the access and availability standards above.

p.___ Other (please explain):

III. Capacity Standards

Previous Waiver Period

a._X_ [Required] MCO/PIHP/PAHP Capacity Standards. The State ensured that the number of providers under the waiver remained adequate to assure access to all services covered under the contract. Please describe the results of this monitoring.

RESPONSE:

- **The State monitors provider capacity on a quarterly basis. The provider capacity under the Iowa Plan has increased over the without waiver Medicaid program. See Attachment to B.III.a for detail by provider type.**
- **State monitors the PIHP's QI work plan which documents provider density at 5.95 providers per 1,000 enrollees.**
- **State reviews PI-M # 4, 5, 11, 12, 14, 15 and PI-P #9 for provider counts, services in enrollee's county, lack of appropriate level of service,**

compliance with geographic proximity, and contractor's credentialing timeliness.

- **PI-M #4 and #5 (provider counts) -- PIHP contracted with 100% of the top MH providers and 92% of SA providers.**
- **PI-M #11, (services in enrollee's county) -- 82.3% of children and 86.3% of adults were served within enrollees county or adjacent county.**
- **PI-M #12 (lack of appropriate level of service) -- an average of 5.9 enrollees per month required a higher level of service due to lack of appropriate and near-by community based services.**
- **PI-M #14 and #15 (geographic proximity) -- Geographic standards were met.**
- **PI-P #9 (credentialing timeliness) -- exceeded or met standards, with 78% to 98% credentialed within 30 days and 100% within 90 days.**

b.___ [Required if elements III.a.1 and III.a.2 were marked in the previous waiver submittal] The State has monitored to ensure that enrollment limits and open panels were adequate. Please describe the results of this monitoring.

Upcoming Waiver Period -- Please describe the capacity standards for the upcoming two year period.

a. MCO/PIHP/PAHP Capacity Standards

1.___ The State has set enrollment limits for the MCO/PIHP/PAHPs. Please describe a) the enrollment limits and how each is determined and b) a description of how often and through what means the limits are monitored and changed.

2.___ The State monitors to ensure that there are adequate open panels within the MCO/PIHP/PAHP. Please describe how often and how the monitoring takes place.

3._**X**_ [Required] The State ensures that the number of providers under the waiver is adequate to assure access to all services covered under the contract. Please describe how the State will ensure that provider capacity will be adequate.

RESPONSE:

- **State monitors documentation of provider counts and locations and provider density on a quarterly basis.**

- **State also reviews PI-M # 4, 5, 11, 12, 13, 14 and PI-P #9 for provider counts, services in enrollee's county, lack of appropriate level of service, compliance with geographic proximity, and contractor's credentialing timeliness.**
- **For waiver years 5-6, PI-M #4 and # 5 require the PIHP to maintain 90% of the top mental health providers and 85% of all substance abuse treatment providers**

b. PCP Capacity Standards

RESPONSE:

The Iowa Plan PIHP allows open access to network providers and does not require use of a gatekeeper PCP.

1.___ The State has set capacity standards for PCPs within the MCO/PIHP/PAHP expressed in the following terms (In the case of a PIHP/PAHP, a PCP may be defined as a case manager or gatekeeper):

i.___ PCP to enrollee ratio
ii.___ Maximum PCP capacity
iii.__ For PCP contracts with multiple plans, please describe any efforts the State is making to monitor unduplicated Medicaid enrollment capacity across plans

2.___ The State ensures adequate geographic distribution of PCPs within MCO/PIHPs/PAHPs. Please explain.

3.___ The State designates the type of providers that can serve as PCPs. Please list these provider types.

c. Specialist Capacity Standards

1.___ The State has set capacity standards for specialty services. Please explain.

2._ **X**_ The State requires particular specialist types to be included in the MCO/PIHP/PAHP network. Please identify these in the chart below, modifying the chart as necessary to reflect the specialists in your State's waiver. Please describe the standard if applicable, e.g. specialty to enrollee ratio. If specialists types are not involved

in the MCO/PIHP/PAHP network, please describe how arrangements are made for enrollees to access these services (for waiver covered services only).

RESPONSE:

State requires the PIHP to contract with all providers of mental health and substance abuse treatment services who are appropriately licensed, certified, or accredited, who meet the PIHP's credentialing criteria , who agree to the standard contract provisions and who wish to participate. Because Iowa Plan is a mental health and substance abuse carve out, the requirement to use specialists is inherit in the requirement to provide covered benefits.

Specialist Provider Type	Adult	Pediatric	Standards
Addictionologist and/or Certified Addiction Counselors			**85% of providers licensed to provider ASAM PPC-2R levels of care**
Allergist/Immunologist			
Cardiologist			
Chiropractors			
Dentist			
Dermatologist			
Emergency Medicine specialist			
Endocrinologist			
Gastroenterologist			
Hematologist			
Infectious/Parasitic Disease Specialist			
Neurologist			
Obstetrician/Gynecologist			

Specialist Provider Type	Adult	Pediatric	Standards
Oncologist			
Ophthalmologist			
Orthopedic Specialist			
Otolaryngologist			
Pediatrician			
Psychiatrist			
Pulmonologist			
Radiologist			
Surgeon (General)			
Surgeon (Specialty)			
Other mental health providers (please specify)			**90% of top 50 mental health providers contracted during waiver years 1-2**
Other dental providers(please specify)			
Other (please specify)			

IV. Capacity Monitoring

Previous Waiver Period

a. _X [Required for all elements checked in the previous waiver submittal] Please include the results from monitoring the MCO/PIHP/PAHP capacity in the previous two year period [item B.IV in the 1999 initial preprint; items A.15-16 in the 1995 preprint; item B.IV. Upcoming Waiver Period, 1999 Waiver Renewal Preprint].

RESPONSE:

The results of State monitor for the previous waiver are noted below:

- **Reports on Provider Network:**
  - **Penetration rates based on claims paid for the previous two**

quarters (Jul-Sep/2002 and Oct-Dec/2002) were 8.1 and 7.9 per 1,000 enrollee months.

- **PI-P #9 (credentialing timeliness) -- exceeded or met standards, with 78% to 98% credentialed within 30 days and 100% within 90 days.**

- **Tracking of complaints concerning capacity issues:**
  - **2 complaints were received in 2002 regarding capacity. Both complaints were from providers and the complaints were reviewed by the PIHP's Quality Improvement program for investigation and follow-up.**
- **Periodic Comparison of providers before and after the waiver:**
  - **PI-M #4 and #5 (provider counts) -- PIHP contracted with 100% of the top MH providers and 92% of SA providers.**
- **Other:**
  - **PI-M #11, (services in enrollee's county) -- 82.3% of children and 86.3% of adults were served within enrollees county or adjacent county.**
  - **PI-M #12 (lack of appropriate level of service) -- an average of 5.9 enrollees per month required a higher level of service due to lack of lower level service in the same county.**
  - **PI-M #14 and #15 (geographic proximity) -- Geographic standards were met.**

Upcoming Waiver Period --
Please indicate which of the following activities the State employs:

a._ X_ Periodic comparison of the number and types of Medicaid providers before and after the waiver.

b.___ Measurement of referral rates to specialists.

c.___ Provider-to-enrollee ratios

d._ X_ Periodic MCO/PIHP/PAHP reports on provider network

e.___ Measurement of enrollee requests for disenrollment from a plan due to capacity issues

f._ X_ Tracking of complaints/grievances concerning capacity issues

RESPONSE:

State monitors through the PIHPs quarterly QI report, Section III

g.___ Geographic Mapping (please explain)

i.___ Tracking of termination rates of PCPs

j.___ Review of reasons for PCP termination

k.__ Consumer Experience Survey, including persons with special needs,

l._ X_ Other (Please explain):

RESPONSE:

State will monitor the following performance which pertain to capacity:

- **PI-P # 9: PIHP must complete credentialing timely**
- **PI-M # 4, 5, 11, 15, 16: These includes focus on: -- maintaining providers in the network; -- access in same or adjacent county; -- compliance with access requirements for timeliness and geographic location.**

V. Coordination and Continuity of Care Standards

Upcoming Waiver Period -- Check any of the following that the State requires of the MCO/PIHP/PAHP:

a.___ Primary Care and Coordination

(i)__ [Required] Implement procedures to deliver primary care to and coordinate health care service for all enrollees.

(ii)__ [Required] Ensure each enrollee has an ongoing source of primary care appropriate to his or her needs, and a person or entity who is primarily responsible for coordinating the enrollee's health care services.

(iii)___ [Required] Coordinate the services the MCO/PIHP/PAHP furnishes to the enrollee with services the enrollee receives from any other MCO/PIHP/PAHP.

(iv) _ [Required] Ensure that in the process of coordinating care, each enrollees' privacy is protected in accordance with the privacy

requirements in 45 CFR parts 160 and 164 subparts A and E, to the extent that they are applicable.

(iv) **X** The plan is a PIHP/PAHP, and the State has determined that based on the plan's scope of services, and how the State has organized the delivery system, that the PIHP/PAHP need not meet the primary care requirements of 42 CFR 438.208. Please explain.

RESPONSE:

The PIHP has an open panel network for mental health and substance abuse treatment services only. Enrollees may directly access services by contacting a network provider and, for most non-24 hour levels of care, no prior authorization is required. Enrollees may also call the PIHP's toll free number listed on their monthly Iowa Medicaid card for assistance in identifying and locating an appropriate network provider.

The PIPH is required to COORDINATE behavioral health services with other delivery systems:

- **When a Medicaid beneficiary who is enrolled in the Medicaid MediPASS program, is admitted for inpatient mental health services, the Iowa Plan contractor notifies the Medicaid primary care case manager physician. (MediPASS is Iowa's primary care case management program.)**
- **The PIHP attends quarterly meetings of the State's MediPASS physician oversight committee to discuss physician issues pertaining to Iowa Plan, provide updates on policy and practices and assure coordination by Iowa Plan with issues raised by the State's Medicaid primary care physicians.**
- **The PIHP is required to work through the Department of Human Services child welfare social workers and juvenile court services staff to coordinate Iowa Plan services with providers of child welfare services.**
- **PIHP is required conduct Joint Treatment Planning (JTP) conferences when complicating circumstances are identified, such as multiple provider involvement or involvement with child welfare or court system.**

b.___ Additional services for enrollees with special health care needs.

(i)_ __ [Required] Identification. The state has a mechanism to identify persons with special health care needs to MCOs, PIHPs, and PAHPs, as those persons are defined by the State. Please describe.

(ii) __ [Required] Assessment. Each MCO/PIHP/PAHP will implement mechanisms, using appropriate health care professionals, to assess each enrollee identified by the state to identify any ongoing special conditions that require a course of treatment or regular care monitoring. Please describe.

(iii) __ [Required] Treatment Plans. For enrollees with special health care needs who need a course of treatment or regular care monitoring, the State requires the MCO/PIHP/PAHP to produce a treatment plan. If so, the treatment plan meets the following requirements:

1. ___ Developed by enrollees' primary care provider with enrollee participation, and in consultation with any specialists care for the enrollee
2. ___ Approved by the MCO/PIHP/PAHP in a timely manner (if approval required by plan)
3. ___ In accord with any applicable State quality assurance and utilization review standards.

(iv) __ [Required] Direct access to specialists. If treatment plan or regular care monitoring is needed, MCO/PIHP/PAHP has a mechanism in place to allow enrollees to directly access specialists as appropriate for enrollee's condition and identified needs.

(iv)_**X**_ The plan is a PIHP/PAHP, and the State has determined that based on the plan's scope of services, and how the State has organized the delivery system, that the PIHP/PAHP need not meet the requirements for additional services for enrollees with special health care needs in 42 CFR 438.208.

RESPONSE:

The PIHP is a behavioral health care carve out program with a narrow focus of benefits. While state does not require the additional services, many of the required activities are required of the PIHP, when the focus is on mental health or substance abuse treatment.

The PIHP allows direct access to specialist care for mental health and substance abuse treatment services. State requires the PIHP to contract with all providers of mental health and substance abuse treatment services who are appropriately licensed, certified, or accredited, who meet the PIHP's credentialing criteria , who agree to the standard contract provisions and who wish to participate. Because Iowa Plan is a mental health and substance abuse carve out, the requirement to use specialists is inherit in the

requirement to provide covered benefits.

In order to identify enrollees with special mental health care or substance abuse treatment needs, the PIHP is required to identify clients who meet the criteria for High Risk or High Need, and enrollees who access mental health or substance abuse treatment services and meet certain criteria, such as inpatient readmission due to medication complication, IV drug user, pregnant with SA treatment needs, currently suicidal or homicidal, other. (See PI-M # 17.)

PIHP is required conduct Joint Treatment Planning (JTP) conferences for enrollees who need a course of treatment that requires coordination among various systems of care. Joint Treatment Planning conferences involve the client (required), providers, "helper-agency" case workers (such as DHS social worker, or juvenile court staff) and others involved with the client's care and are used to define treatment team responsibilities, to develop treatment plans, to build consensus among all involved, and to coordinate funding for services.

The PIHP works with the court system to facilitate appropriate services for enrollees involved in the court system. The PIHP designates a staff position as court liaison to conduct daily reviews of incoming court orders pertaining enrollees mental health and substance abuse treatment needs, respond to calls from judges and referees before or during a hearing when assistance is required from the Iowa Plan, and chair quarterly meetings with court officers

VI. Continuity and Coordination of Care Monitoring

Previous Waiver Period

a._X_ [Required for all elements checked in the previous waiver submittal] Please include the results from monitoring continuity and coordination of care in the previous two year period [item B.VI in the 1999 initial preprint; Section B (as applicable) in 1995 preprint; item B.VI. Upcoming Waiver Period, 1999 Renewal Waiver Preprint.].

RESPONSE:

- **PIHP is required conduct Joint Treatment Planning (JTP) conferences to coordinate care. During the 19 months from Jul/2002 through Jan/2003, the PIHP conducted 972 JTP conferences (average of**

57 per month). (PI-I #1, June 2002 and PI-I #1 January 2003.)

- **To assure continuity of care, the PIHP is required to track implementation of hospital inpatient discharge plans. In review of 188 patient files, 92% of enrollees received follow-up services as per the discharge plan. This exceeds the target goal of 90%. (PI-8 #1, June 2002)**
- **The PIHP is required to assure that discharge plans are documented in client files at discharge from mental health inpatient, mental health partial hospitalization, and mental health day treatment settings. In review of 195 enrollee medical records, 93.8% contained discharge plans (PI-P #2, June 2002)**
- **The PIHP is required to assure that discharge plans are documented in client files at discharge from substance abuse treatment at the following ASAM PPC-2R levels of care: III.7, III.5, III.3 (residential treatment). In review of 85 enrollee records, 94.1% contained discharge plans (PI-P #6, June 2002)**

c._X_ [Required for all elements checked in the previous waiver submittal if this is a PIHP/PAHP mental health, substance abuse, or developmentally disabled population waiver] Please describe the State's efforts during the previous waiver period to ensure that primary care providers in FFS, PCCM or MCO programs and PIHP/PAHP providers were educated about how to detect MH/SA problems for both children and adults and where to refer clients once the problems were identified. Please describe the requirements for coordination between FFS, PCCM, or MCO providers and PIHP/PAHP providers. Please describe how this issue was addressed in the PIHP/PAHP program.

RESPONSE:

- **In Iowa, non-Medicaid services for persons with mental illness or developmental disabilities may be provided through county administered funding. During the prior waiver years, the PIHP attended monthly meetings sponsored by the Department of Human Services, Division of Mental Health and Developmental Disabilities and attended by county representatives and providers of county funded mental health services.**
- **The PIHP is required to work with those Iowa Department of Human Services social workers, agencies and providers involved in the life of children who are receiving child welfare funded services. The contractor is not responsible for providing, monitoring or funding child welfare services, but is required to participate in coordination when both Iowa Plan and child welfare services are appropriately accessed to meet the needs of Iowa Plan enrollees.**

d._**X**_ [Required if this is a PIHP/PAHP mental health, substance abuse, or developmentally disabled population waiver] Please describe how pharmacy services prescribed to program enrollees were monitored in this waiver program.

RESPONSE:

- **The PIHP is required to screen enrollees admitted to inpatient services for psychotropic medication use at admission. The PIHP's care manger reviews medication use with the PIHP's medical staff. If the medication is not considered appropriate, the PIHP contacts the provider to gather additional information and may offer technical assistance when appropriate. The PIHP screened between 831 and 973 enrollees each month between Jun/2001 and Jan/2003. (See PI-M #21, June 2002 and PI-M #20 January 2003.)**
- **The PIHP continued to meet with the Iowa Pharmacist Association (IPA) and the Drug Utilization Review Commission (DUR) to conduct focused reviews of drug utilization for Iowa Plan enrollees. Three to five enrollees per month are identified, based on established criteria, and the IPA sends intervention letters to involved providers and pharmacists. The PIHP monitors these clients for problems and IPA re-examines client data to ensure that providers have addressed the areas of concern. Additionally, the PIHP's Medical Director (who is both physician and pharmacist) attends monthly DUR Commission meetings as a guest and participates in case studies, case reviews, profiles reviews and policy development and implementation. The current emphasis of the DUR Commission has been the proposal of pre-authorization for specific SSRIs and implementation of an education process for providers about the use of antipsychotics using the Texas Implementation Medication Algorithms. (TIMA). For more detail see QI Report, Oct-Dec/2002, pages 51-52. See attachment to B.IV, titled Drug-Laboratory Considerations, excerpt from QI Annual Report, August 2002.**
- **The PIHP provides treatment planning services with involved providers, enrollees and other persons, as appropriate, for enrollees who are admitted to an inpatient level of care due to medication complication.**

Upcoming Waiver Period -- Please describe how standards for continuity and coordination of care will be monitored in the upcoming two year period.

a. How often and through what means does the State monitor the coordination and continuity standards checked above in Item B.V?

RESPONSE:

- **JTP conferences, JTP services, and denial of requests for JTP are monitored monthly in PI-I #1, PI-M #17.**
- **The PIHP's review of discharge plans is monitored monthly in PI-I #8, PI-P #2 and #6.**

b. Specify below which providers are excluded from the capitated waiver and how the State explicitly requires the MCO/PIHP/PAHP to coordinate health care services with them:

1.___ Mental Health Providers (please describe how the State ensures coordination exists):

Mental health providers are included in the waiver.

2.___ Substance Abuse Providers (please describe how the State ensures coordination exists):

Substance abuse treatment providers are included in the waiver.

3.___ Local Health Departments (please describe how the State ensures coordination exists):

4.___ Dental Providers (please describe how the State ensures coordination exists):

5.___ Transportation Providers (please describe how the State ensures coordination exists):

6.___ HCBS (1915c) Service (please describe how the State ensures coordination exists):

7._**X**_ Developmental Disabilities (please describe how the State ensures coordination exists):

RESPONSE:

- **In Iowa, non-Medicaid services for persons with mental illness or developmental disabilities may be provided through county administered funding. The PIHP has met quarterly with county representatives since the beginning of the Iowa Plan to discuss issues and assure a coordinated delivery system.**

- **The PIHP attends monthly meetings sponsored by the Department of Human Services, Division of Mental Health and Developmental Disabilities and attended by county representatives and providers of county funded services. Agenda topics will include coordination of service systems, policy changes, and other.**
- **The Department of Human Services, Division of Mental Health and Developmental Disabilities has designated staff with a job focus on coordination with the Iowa Plan. The staff provide on-going information and input to State regarding Iowa Plan activities.**

8.___ Title V Providers (please describe how the State ensures coordination exists):

9.___ Women, Infants and Children (WIC) program

10.__ Indian Health Services providers

11.__ FQHCs and RHCs not included in the program's networks

12. **X**_ Other (please describe):

RESPONSE:

- **The PIHP is required to work with those Iowa Department of Human Services social workers, agencies and providers involved in the life of children who are receiving child welfare funded services. The PIHP is not responsible for providing, monitoring or funding child welfare services, but is required to participate in coordination when both Iowa Plan and child welfare services are appropriately accessed to meet the needs of Iowa Plan enrollees.**
- **State monitors performance indicators pertaining to screening use of psychotropic medication by enrollees admitted to inpatient services. See PI-M #21.**